OPPORTUNITIES FOR INTEGRATION: SAFETY NET PATIENTS AND PROVIDERS

Legislative Committee Meeting – 11/19/2013

Safety Net Network Profile

- Established in 2005 by Iowa Legislature
- Community care coordination is available across the state.
- Increase the underserved population's access to health services.
- Increase health system integration and collaboration across the continuum of care with a focus on safety net services.

- Child Health Specialty Clinics
- Family Planning Agencies
- Federally Qualified Health Centers
- Free Clinics
- Local Boards of Health
- Maternal/Child Health Clinics
- Rural Health Clinics
- Other safety net providers

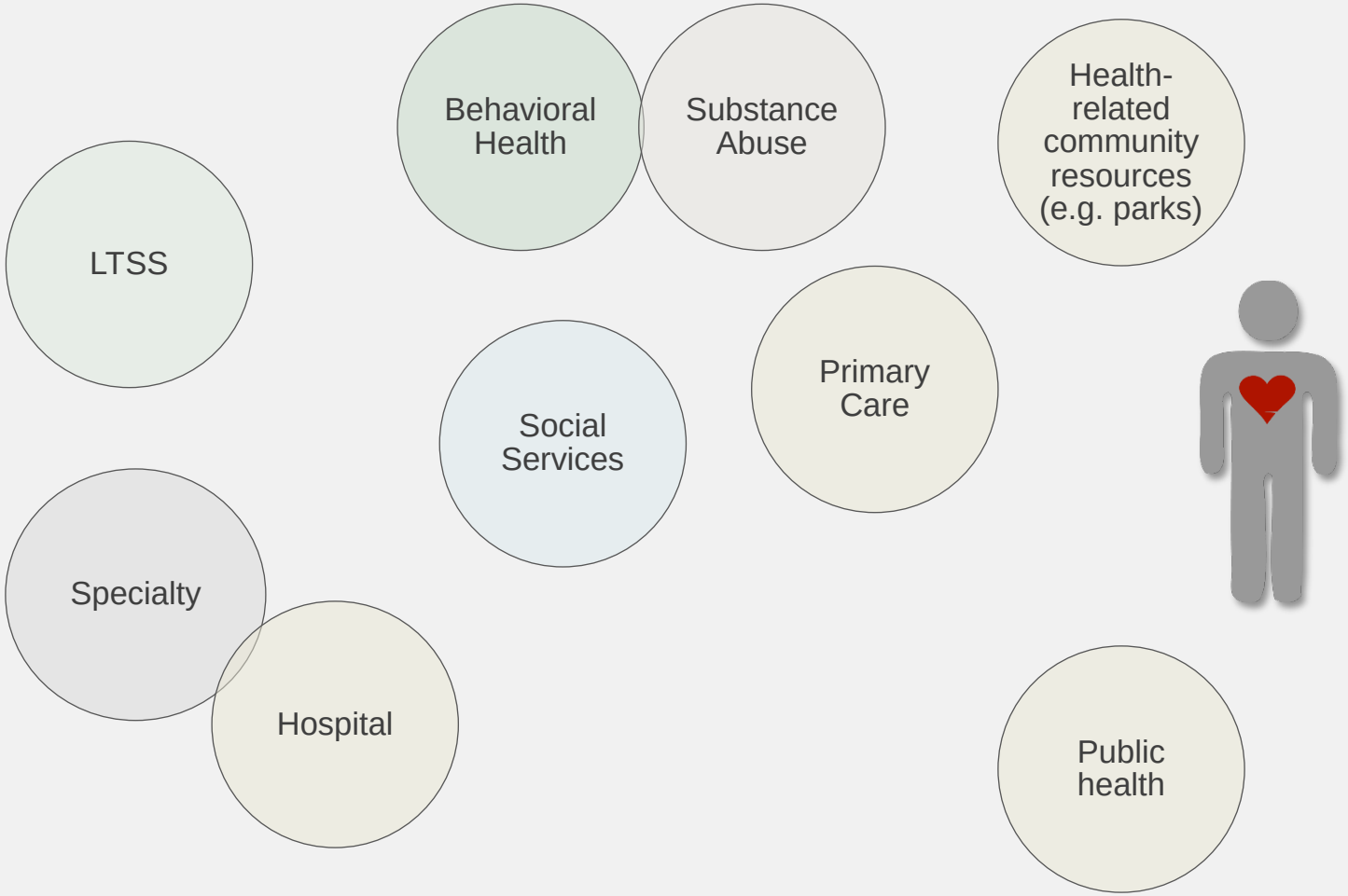
The Safety Net and Reform

- Safety net providers will become more integrated with the traditional delivery system, but . . .
  - There will be remaining underserved populations post-reform
    - Massachusetts experience
- Safety net providers started the journey of reform with some unique characteristics
  - Missions and approach to care align with PCHH
  - Significant infrastructure needs exist to become better integrated

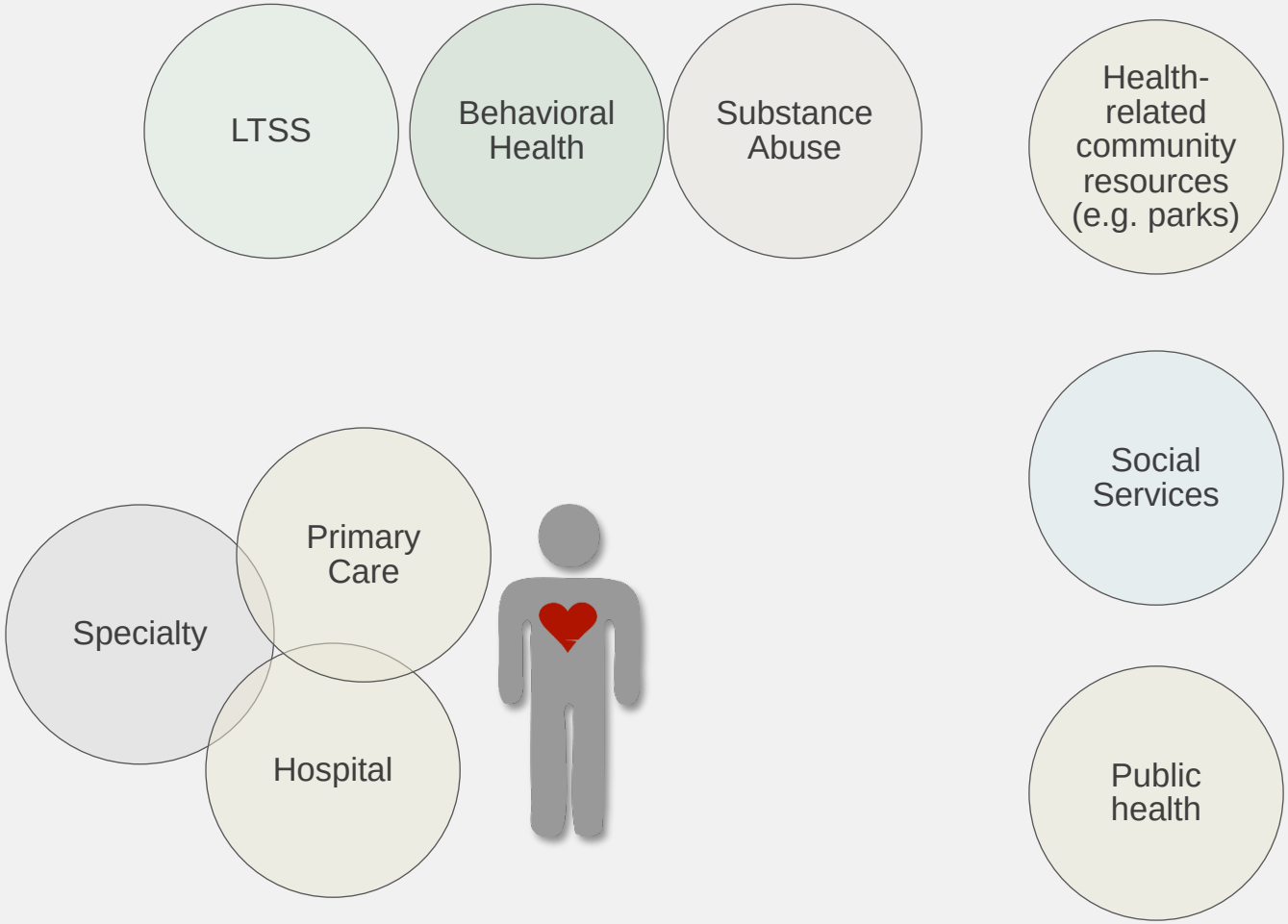
Landscape Considerations for the Safety Net

- Marketplace Implementation
  - Outreach and Enrollment
  - Culture of Coverage
- Iowa Health and Wellness Plan Implementation
- State Innovation Model Planning
- Behavioral and Oral Health Integration
- New Payment Methodologies
  - Must be designed to support delivery system change
  - Inclusive of non-traditional providers that impact health

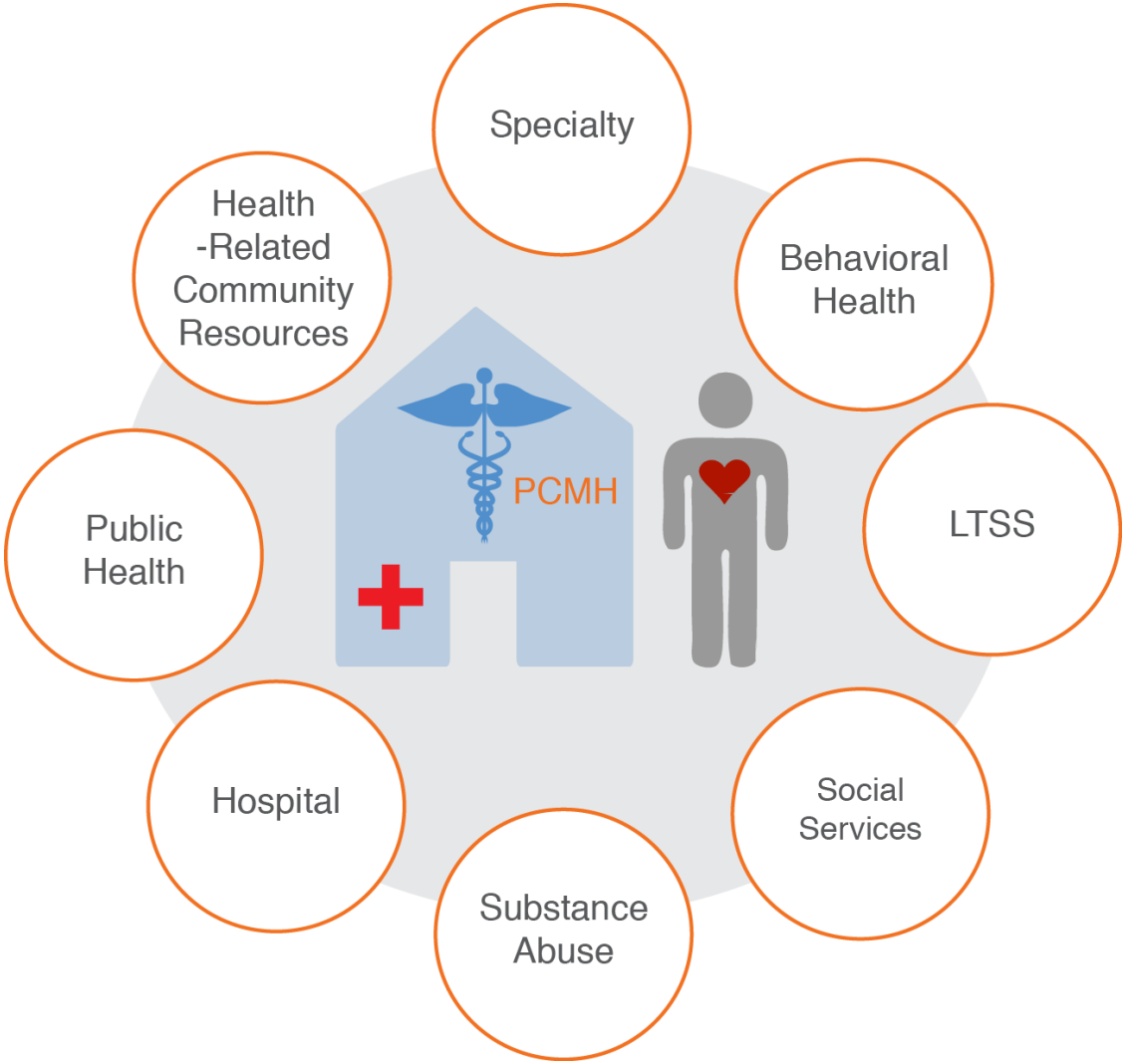
As Is: *Non-Integrated* Health Delivery System



Traditional *Integrated* Health Delivery System



Comprehensive, Community-based, Integrated Health Delivery System



Community Care Coordination

- Vision: To develop regional community care coordination entities across Iowa to coordinate care for high-risk patients and to support primary care providers.
- Goals:
  - Develop regional community care coordination capacity that become an extension of primary care teams
  - Provide assistance to local primary care providers to meet the unique needs of their highest risk patients
  - Improve quality, population health, and cost of care at local level

CCC Goals, cont.

- Deploy care coordinators and additional support to help assist practices in providing services for their highest need patients such as targeted disease and care management interventions, addressing gaps in care, education, self-management support, transitional care, connection to community resources, pharmacy management, and behavioral health management
- Engage practices in quality improvement initiatives
- Establish connections with other community resources to link patients to support systems that address social and behavioral needs

CCC Goals, cont.

- Demonstrate value of community care coordination and linkages to community resource approaches to payors in meeting the Triple Aim goals
- Foster community innovation and response by building upon local champions and early adopters

CCC Implementation Update

- Two communities were selected on 11/15/2013
  - 15 LOIs
  - 8 communities invited to RFP round
  - Independent review committee
- Organizations Funded
  - Webster County Health Department
    - 6 counties; 2,400 patients
  - Mercy Medical Center – North Iowa, Cerro Gordo Public Health, North Iowa Community Action
    - 1 county; 1,000 patients

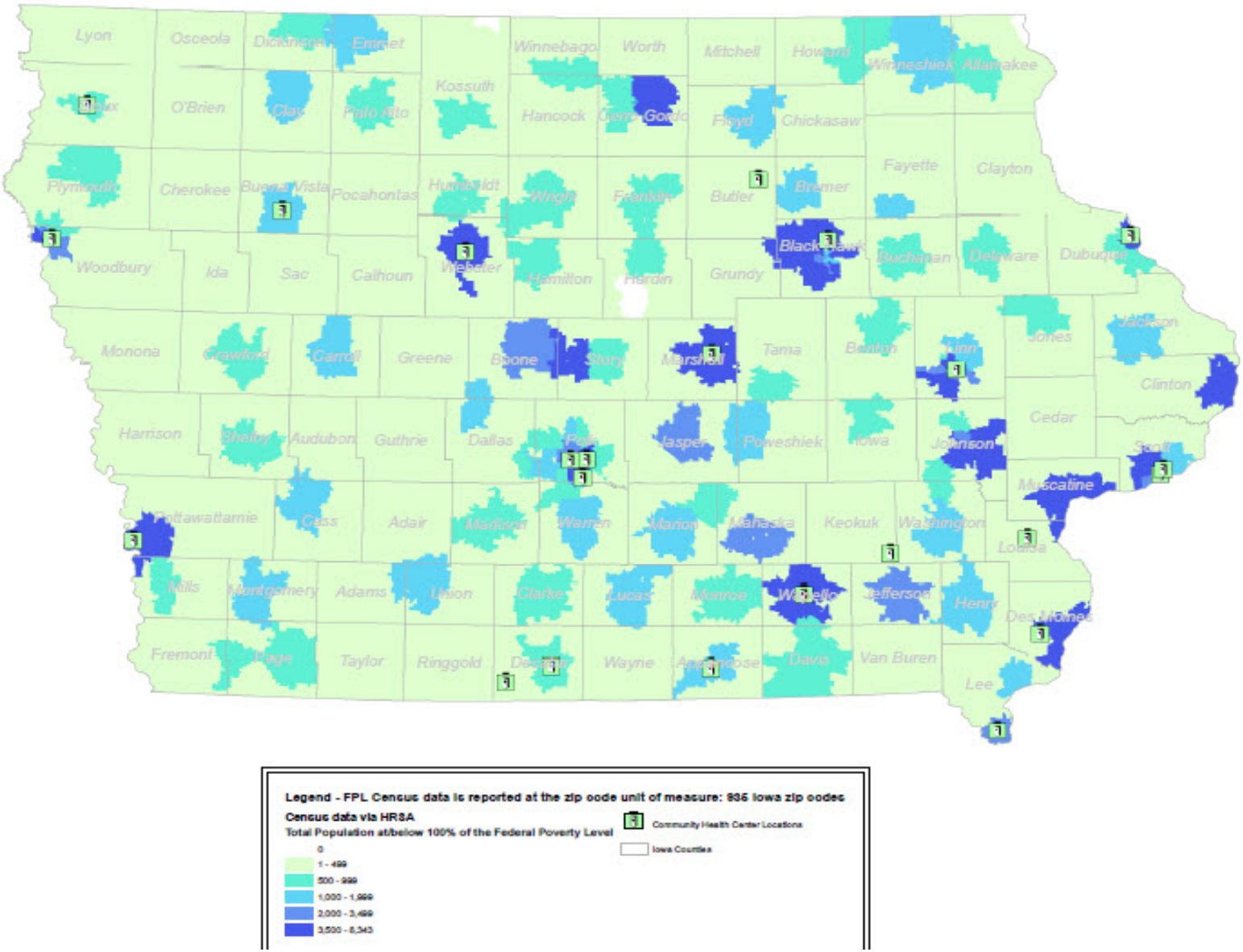
State Level CCC Development

- Statewide Program Oversight
- Pharmacy Home Technical Assistance
  - Access to affordable medications
  - Patient education
  - Medication therapy management
  - Medication reconciliation
- Behavioral Health Integration Technical Assistance
  - Behaviorally enhanced PCMH model
  - Tele-health exploration
- Evaluation and Expansion of the Model

Safety Net Response to the SIM

- Openness for all models and more than one entity in each state-prescribed region
- Need for risk adjustment inclusive of clinical, social, economic, and other factors
- Payment methodology needs to accommodate community care coordination infrastructure
- Analytics and data available to providers must be robust, timely, and actionable
  - Consideration of measures outside of the VIS

Iowa Primary Care Association Outreach Meeting
October 23, 2013



Legend - FPL Census data is reported at the zip code unit of measure: 936 Iowa zip codes

Census data via HRSA

Total Population at/below 100% of the Federal Poverty Level

- 0
- 1 - 499
- 500 - 999
- 1,000 - 1,999
- 2,000 - 3,499
- 3,500 - 8,343

Community Health Center Locations

Iowa Counties

Opportunity for Primary Care-Led Safety Net CCE

- Concept, why needed, and operational plan
  - Interest in a primary care/safety net-led Care Coordination Entity (CCE)
  - Recognition of unique needs of safety net patients
  - Recognition about infrastructure needs of PCPs and safety net providers
  - Desire among providers to remain true to their missions
  - Development of operational plan to guide development
- Work now to be ready for risk
  - Desire to meet the Triple Aim in P4P, shared savings, and risk based contracts

Primary Care-Led Safety Net CCE, cont.

- Education with policymakers and their response
  - Openness for new entities and alternate models
- Desired Partner and Infrastructure Needs
  - Experience working with Safety Net providers and involving clinicians in quality improvement initiatives.
  - Experience supporting clinicians and patients in effective behavioral health (mental health and substance abuse) and pharmacy management interventions.
  - Experience working with persons with disabilities, dual eligibles, and other waiver populations.

Partner/Infrastructure, cont.

- Experience managing health insurance benefits of patients meeting our Safety Net definition.
- Historical experience designing, testing, and implementing payment methodologies for Safety Net patients.
- Ability to formalize contracts and care coordination programs that cross settings of care.
- Ability to underwrite information technology infrastructure and guide decisions on IT investments.
- Ability to work with outside data and analytics providers to monitor and improve the quality and cost of care.

Partner/Infrastructure, cont.

- Ability to underwrite, and potentially deliver, care coordination program services, including consideration of investments in community-based organizations and alternate personnel like Community Health Workers to deliver the necessary care coordination services.
- Willingness to consider social determinants of health and other risk factors prevalent among Safety Net patients.
- Willingness to consider positive incentives to better engage patient's in their own health.

Primary Care-Led Safety Net CCE, cont.

- Governance
  - Desire to build shared governance model between safety net providers and infrastructure partner
- PCP network development efforts
  - Wellness Plan implications
  - Infrastructure partner experience around workforce
- Timeline
  - 2014 implementation
  - Development phase
  - Operational phase

Questions and Contact Information

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